

**MICHIGAN DEPARTMENT OF EDUCATION
 OFFICE OF PROFESSIONAL PREPARATION SERVICES
 P.O. BOX 30008
 LANSING, MICHIGAN 48909**

Direct questions regarding
 this form to (517) 373-3310.

APPLICATION FOR THIRD RENEWAL OF A MICHIGAN PROVISIONAL CERTIFICATE

NOTE: This form is to be used **ONLY** by applicants who have an expired Michigan teaching certificate, who have renewed their Michigan Provisional Certificate or Temporary Vocational Authorization twice, who have met all requirements for the Professional or Occupational Education certificate **EXCEPT FOR THE THREE YEARS OF TEACHING EXPERIENCE**, and who have received an offer of employment from a Michigan public or private school.

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. ***PLEASE PRINT OR TYPE.***
- Enclose a letter from a Michigan school district or school stating that you have been offered a regular teaching position (substitute teaching is not applicable) and the beginning date of employment.
- If you completed your 18 semester hour planned program or Master's or higher degree at a Michigan college/university, enclose a letter from that college/university stating that you have met all the academic requirements for the Michigan Professional or Occupational Education certificate.
- Enclose official transcripts if you have a Master's or higher degree from a university outside the State of Michigan, or you have completed 18 semester hours since your Michigan Provisional certificate was issued in an approved out-of-state Master's degree program.
- If your name has changed since your provisional certificate was issued, enclose a copy of your marriage license, divorce decree, or name change decree.
- Upon receipt of your application, you will be billed \$75.00. **The fee is for the application evaluation process and is non-refundable. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**
- Your credentials will be evaluated after your completed application form and application evaluation fee is received.
- **Mail the completed application form, along with the required documentation, to the address indicated above.**

APPLICANT INFORMATION

SOCIAL SECURITY NUMBER		DATE OF BIRTH		MONTH	DAY	YEAR	GENDER	
							<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME	Last	First	Middle	Maiden		TELEPHONE NUMBER		
						()		
ADDRESS		Street	City		State	Zip Code		

DEGREE AND CREDIT INFORMATION

Type of Degree	Institution Where Degree/Credit was Earned	Year Degree Conferred
Bachelor's		
Master's		
Other		

EMPLOYING SCHOOL DISTRICT/SCHOOL INFORMATION

NAME OF EMPLOYING SCHOOL DISTRICT/SCHOOL	CONTACT PERSON
SCHOOL DISTRICT'S/SCHOOL'S ADDRESS	TELEPHONE # (including area code)

CONVICTION/REVOCATION INFORMATION *(If you answer "yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)*

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S SIGNATURE _____ **DATE** _____

-DO NOT WRITE BELOW THIS LINE-

Institution _____ Degree _____ Date Issued _____

Endorsement Areas: _____

Fee Paid \$ _____ Approved By _____ Date Approved _____